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ABSTRACT

This manual was developed as part of a North Dakota statewide project to improve the education and services for children with deaf-blindness and their families. A major component of the project is the Statewide Technical Assistance Team (STAT), which provides in-state training and technical assistance to families and intervention teams that serve children and youth with deaf-blindness. This manual was designed to train current and prospective STAT members about the policies and procedures for implementing the project model. After an introduction, the manual presents information and concepts about technical assistance. Then the STAT model and its components are described. The model involves four phases: referral, intake, technical assistance, and evaluation. Referral, team self-assessment, and planning forms and procedures are discussed. The bulk of the manual consists of two case studies and role playing instructions. The case studies are intended to be used in small group training sessions led by project staff. Appendices include an identification list of deaf-blindness characteristics, a technical assistance request form, the quality indicators checklist, a technical assistance planning form, and a list of etiquette reminders for STAT personnel. (DB)

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NORTH DAKOTA DEAFBLIND SERVICES PROJECT

TECHNICAL ASSISTANCE TRAINING MANUAL

ED 417 524

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This manual was produced to train current and prospective members of the Statewide Technical Assistance Team (STAT) on the policies and procedures of implementing a unique technical assistance model. The ND Deafblind Services Project model is designed to provide appropriate training and supports to teams who provide services to ND youth with deafblindness. The model also supports family involvement in the assessment, design, and program implementation for these students. This manual is to be used in conjunction with lecture and demonstration by project staff.

Produced by the ND Deafblind Services Project
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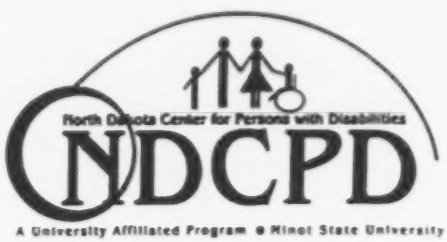

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INTRODUCTION

Historically, individuals with deafblindness have been regarded as requiring intensive intervention available only through residential schools and public institutions. In recent years, this perception has changed as more people with deafblindness have opted to remain with their families, and are going to school, attending church, and enjoying their home communities. This change has presented a challenge to meet the needs of these individuals who have unique and complex issues for services.

North Dakota Deafblind Services Project

The North Dakota Deafblind Services Project (NDDBSP) is a statewide service authorized under the Individuals with Disabilities Education Act (IDEA). The project was designed to fill a gap in the provision of educational services to infants, toddlers, children and youth with deafblindness. The mission of the project is to improve the education and services for children with deafblindness and their families in ND. We accomplish this through training, mentorship, resource dissemination, and technical assistance.

Values

All NDDBS Project activities are designed with certain values in mind. These values assist in the development of appropriate goals that form the framework of the project. They also serve as a measure for evaluating the effectiveness of our work.

As a project we value:

- *comprehensive, high quality education and training*
- *interagency and family collaboration, and*
- *diversity of abilities, experiences, and backgrounds.*

Furthermore,

> We believe that hearing and vision impairments impact a child and family's opportunities, choices, and lifestyle. We believe that outcome-based services for children and their families in rural areas

can be promoted through holistic, seamless services that emphasize advocacy and family leadership. These values can be exemplified when we respect the dignity, choice, and life-long growth of individuals who are deafblind and their families.

Goals

The goals of the project are:

I. To coordinate services with existing systems, agencies, and personnel.

II. To identify children and youth eligible for deafblind services.

III. Expand the operation and services of the ND Statewide Technical Assistance Team (STAT).

IV. Expand the role of children and youth and their families in the project.

V. Develop and maintain a cohesive system of training and capacity building for ND professionals serving students with deafblindness.

The North Dakota Deafblind Services Project provides assistance to service providers and families on behalf of children and youth who are deafblind. Free services include inservice training, consultation, and information dissemination. Videos, books and other materials are also available from the project library and media center.

Statewide Technical Assistance Team (STAT)

A major component of the NDDBS Project is the Statewide Technical Assistance Team (STAT) which strives to improve the skills of those persons working with children and youth with deafblindness and to increase the number of individuals with deafblind expertise within the state.

Developed in 1992, STAT provides in-state training and technical assistance to families and intervention teams who serve youth with deafblindness. Initially STAT members received large group in-service training. This provided the necessary background on deafblindness to these professionals. Gradually, these

STAT members provided consultation on assessments of youth with deafblindness. Since 1995 the role of STAT has expanded. Team members now provide technical assistance on a greater variety of topics including placement, communication, team development, program development, and least restrictive environment.

This manual is designed to train current and prospective STAT members about the policies and procedures for implementing the model. First, general information and concepts about technical assistance are discussed. Then, the STAT model and its components are described. All referral, self-assessment, and planning forms and procedures are discussed. Finally, trainees are provided with a case study for practice.

TECHNICAL ASSISTANCE

Technical assistance (TA) is "an intricate communication and problem solving process for providing specialized information, skills, and other types of supportive help to designated clients . . . ideally, one of the long range goals of technical assistance is to develop the necessary skills and competencies within the client system to enable it to define and solve its own problems" (Clifford & Trohanis, 1980). Technical assistance is an ongoing process to enable and empower people by enhancing and promoting individual, family or organizational capabilities that support and strengthen their functioning (Dunst, Trivette, Thompson, 1990).

TA activities should provide sufficient direction, yet enough latitude, so that participants can learn to solve their unique problems. The process should also be flexible in design and in implementation to allow individualized and situational variations. That is, TA participants should be able to arrange each event to deal with the specific requirements of the situation. Similarly, as circumstances change during an event, activities should be changed to reflect the new state of affairs.

Technical assistance can occur at many different levels, depending upon the outcomes expected for the participants and the children whose education and/or services will be affected. Figure 1 shows six levels of TA and the anticipated impact on participants and child outcomes associated with each level. Also shown are some examples of training formats at each level of TA.

Technical Assistance Level	Anticipated Outcomes		
	Participant Impact	*Child Outcome*	*Examples of Training Formats*
Introduction/ Awareness	Increased knowledge on topic.	Not directly measurable.	Large group workshops or conferences
Explanation/ Demonstration	Additional information on topic obtained and demonstration provided.	Not directly measurable.	Workshops or conferences
Practice with Feedback	Practice using materials or procedure. Feedback provided on use of materials or procedure.	Education and/or services change.	Small group work sessions Individual tutoring/instruction
Drill Toward Mastery	Participants master the use of materials, strategies, and/or procedures.	Child's education or services will change. Increase in child's skills.	Individual practice with many sessions and trials
Generalization	Task performed with another student or use the materials/procedures in another setting.	Skills used in a variety of settings or with a variety of people.	Individualized use in own classroom or community settings.
Maintenance/ Recheck	Maintain skills Periodic follow-up, provided	Program changes are maintained. Specific child skills maintained.	Follow-up discussion sessions with trainer.

Figure 1. TA levels and associated outcomes.

As can be seen, different types of TA can produce different outcomes. For example, if one wants participants to simply have general knowledge of a topic, then introduction and awareness TA is provided. However, if you want the participants to demonstrate mastery of a particular skill, then TA activities which require drill with occasional feedback would be more appropriate. Coordinators and participants must also be familiar with how various formats support certain types of participant and child outcomes. For example, one could not expect child change to occur when participants attend a workshop or conference. Each of the TA steps is explained in greater detail in the following section.

Introduction/Awareness

Technical Assistance at this level, will provide a base knowledge of the topic area through inservice training, conferences, and workshops. Participants will have an increase in knowledge about a particular topic area. A child's education and services may change as a result of increased knowledge of the participants, but they cannot be directly linked to the training.

Explanation/Demonstration

At this level of technical assistance, the TA provider demonstrates the skills necessary to complete the activity which consists of modeling a particular behavior or being trained on a particular set of materials. Typically, this occurs at workshops, but could occur in smaller settings. Participants are provided with additional information on the topic and see the skill demonstrated. A child's education and services may change as a result of the participants increase in knowledge, but again child outcomes cannot be directly attainable to the training.

Practice with Feedback

When providing TA at this level, the consultant needs to review the activity and define the competencies necessary for participants to complete the activity. The participants TA will practice with the materials or the procedure to gain the skills and competencies. Feedback is provided on the participants use of the materials or procedure. Materials or procedures are also used with the child. As a result, the child's education or services are changed and outcomes are measured by how the services have changed.

Drill Toward Mastery

Participants are provided an opportunity to use the materials and/or procedures with occasional feedback on their level of performance. They will often require many sessions and learning trials to master the technique. Assistance is provided until the participants have mastered the use of materials, strategies, and/or procedures. As a result of using new materials, strategies, or procedures with the child, the child's education or services will change. Child outcomes are measured by how the child's education, programming, or services have changed. Outcomes may also be measured by an increase in specific child skills.

Generalization

Participant competency at this level will consist of successful performance of the task with another student in another setting or situation. Child outcomes at this level are measured by the child's consistent use of specific skills in a variety of settings or with a variety of people, or with a gain in other child skills.

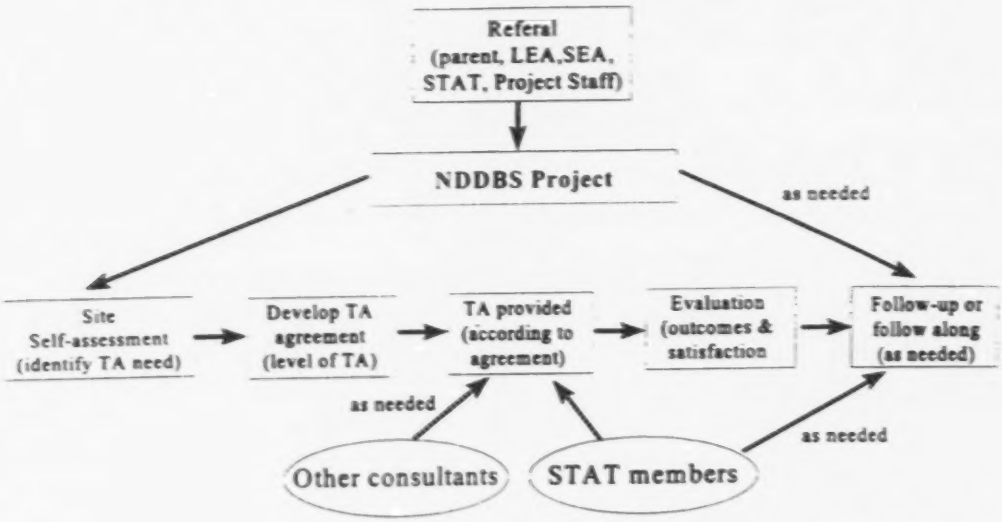
Maintenance/Recheck

Participants will need to practice new skills on their own. At this level, the participant will maintain skills that have been learned throughout the previous levels of technical assistance. This will be checked by periodic follow-up from the technical assistance provider.

Materials, strategies, and/or procedures implemented with the child will continue. The child's program will be enhanced and those who work with the child will interact with her using the same methods, strategies, and/or procedures. Additionally, the child will maintain specific skills learned and continue to develop new skills.

NDDBSP TECHNICAL ASSISTANCE MODEL

The NDDBS Project uses a four phase process to design and deliver TA to families and intervention teams. The phases of Referral, Intake, Technical Assistance, and Evaluation are used to accomplish this. The diagram below shows the organization and linkage of the phases.



Phase 1. Referral

Phase I - Referral is the first step in the technical assistance process. Service providers, family members and others may refer youth between the ages of birth through 21 to ND Deafblind Project staff for TA. The child should be identified as having deafblindness according to federal or project criteria. See the identification list in Appendix A for these criteria.

The initial step is to notify the NDDBSP Coordinator and request services on behalf of an individual with known or suspected deafblindness. This request may be initiated by anyone. Direct referrals can be made by teachers, parents, related service providers or other interested parties.

Phase II. Intake

Phase II - Intake consists of initial contact, site self assessment, evaluation and prioritization of TA request, and the establishment of the TA plan.

Initial Contact. Once a referral has been made, the Project Coordinator will have an initial discussion with the requesting party to explain the services available through NDDBSP and what constitutes deafblindness. At this time, the Project Coordinator will verify that a child with deafblindness is involved. If the child is not already reported on the ND Deafblind census, a reporting form and census information will be sent to the referring party. The Project Coordinator will also determine if NDDBSP is the appropriate TA entity. If it is not, the Project Coordinator will refer the party to the appropriate agency.

If NDDBSP is the appropriate agency to provide service, a Technical Assistance Request form (shown in Appendix B) will be completed by the Project Coordinator with input from the requesting party. A Quality Indicators/Site Self-Assessment Form (See Appendix C) will also be sent to the requesting party. The child's team (teacher, parent, therapists, agency personnel, etc.) will be asked to complete the form. The Project Coordinator will then ensure that the parents of the child and the Special Education Director are informed of the request for technical assistance.

Site Self-Assessment

Identification of Needs. Project staff will utilize a comprehensive planning and implementation process to assure the provision of appropriate technical assistance. Site personnel will complete the "Quality Indicators/Site Self-Assessment Form" shown in Appendix B. The quality indicators checklist is to be used as a self-assessment tool for the team. It will allow the team to focus on areas of need and help develop possible solutions to meet those needs.

The checklist consists of six categories: school, classroom, student, family, instruction, and transition. For each category, the team reads each statement and circles the number that most accurately reflects their need for support. The number one (1) reflects a low need and the number five (5) reflects a high need. After rating each item in the category, the team lists the highest priority item/issue and

then explains what they feel needs to be done concerning the issue. Once the self-assessment is completed it is returned to the Project Coordinator of the NDDBSP. The request will then be evaluated based on set criteria.

Evaluation and Prioritization of TA Requests

Site Selection. The NDDBSP selects three new model sites per project year for the provision of on-site, child specific technical assistance. These sites may include public school programs, residential programs, family/home settings, community work sites, and other groups or settings as necessary.

Evaluation and Prioritization Criteria. Due to the number of requests received by the project for technical assistance, Project staff use a process for prioritizing and evaluating TA requests. All requests for on-site TA are evaluated and prioritized on the following criteria.

The requesting party's:

- Ability to provide data related to numbers and characteristics of children and youth (0-21 yrs.) who are deafblind currently served by the requesting party;
- Completion of the NDDBSP Quality Indicators/Site Self Assessment;
- Willingness to work as a team to address the needs of a particular child who is deafblind;
- Willingness to pursue community-integrated education for children and youth (0-21 yrs.) who are deafblind;
- Willingness to develop and implement an "Action Plan" including activities, responsible personnel, evaluation measures, and time lines which reflect child-oriented and participant impact outcomes;
- Willingness to collect and use data, including IEPs and other specific outcome data, to implement model processes, to monitor site development, and to develop systemic responses to service issues; and

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- Regional diversity to ensure equal access to NDDBSP Technical Assistance throughout the state.

Once a site has been selected to receive on-site child-specific TA, arrangements are made for a meeting with site personnel to develop a formal technical assistance plan.

Alternative Sources of Technical Assistance. Sites not selected for on-site child-specific TA are provided with alternative sources of assistance. This may take the form of resource dissemination, written or phone consultation, or inservice training at a model site.

Development of Technical Assistance (TA) Agreement

On-site Visit. Once the release of information and the self-assessment have been received and reviewed by the NDDBSP Coordinator, the requesting party is contacted and a meeting is scheduled. This meeting is facilitated by the NDDBSP Coordinator and relies on input from team members involved in program planning for the individual with deafblindness. The team members engage in a process of team problem solving/consensus building to identify child specific needs. The previously completed self-assessment serves as a reference throughout this process. Once the needs/issues are identified and decided on, the team identifies and prioritizes areas of child need. From this, a technical assistance plan is developed and the specific personnel required for the consultation or training are identified.

Following this discussion and upon reaching team consensus, a TA Plan (form shown in Appendix D) is developed. The technical assistance plan is developed according to the level of technical assistance required. The team, along with the project coordinator, will define the anticipated outcomes of the TA.

Developing Activities and Evaluation Methods. Once the level of assistance and anticipated outcomes are identified, the team will develop the TA activities and evaluation methods for the activities. Potential consultants will be discussed and time lines will be set.

The plan and a rough budget developed are presented to and reviewed by the Project Director. The plan is finalized and copies sent to the requesting party and TA consultant(s).

Phase III. Technical Assistance Provision

This phase consists of securing consultants, provision of background information, and the provision of on-site consultation training.

Secure consultants. Following the on-site visit with the team, the Project Coordinator will contact and secure consultants to provide the technical assistance. The project coordinator will also confirm the dates with the team members and consultants. The project coordinator will then invite STAT trainees to attend, if authorized by the requesting team. The STAT consultants and trainees will be responsible for arranging their own release time. In most cases, STAT members will provide TA. In extremely complex situations (or instances where appropriately trained STAT members are not available), out-of-state consultants may be employed.

STAT members are professionals and family members from across the state representing a variety of disciplines. Areas of expertise include, assessment, early childhood, movement based communication, communication, community-based instruction, least restrictive environment, Usher's Syndrome, severe disabilities, recreation, behavior management, vocational training, and motor involvements. Team members are selected for each case specific to the needs and issues of the child.

Background information. Once the consultants have been secured, the project coordinator will provide them with background information on the child (child evaluations, IEP/IFSP/IHP, team issues/needs, child's daily schedule, and any other pertinent information), a letter describing the consultation and requirements of STAT consultants, and the proposed consulting schedule.

Consultation. The consultants and trainees will use the background information to prepare for the on-site consultation with the child's team. TA will be conducted as stated in the TA agreement. Following the TA activity, the consultants write a combined final report with recommendations. Once the report is completed, it is

sent to the Project Coordinator and distributed to the necessary parties. This report should be completed and sent to the Project Coordinator no later than 20 days following the technical assistance with the team.

Phase IV. Evaluation of Technical Assistance

Phase IV - Evaluation of Technical Assistance includes the evaluation of child impact, participant impact, participant satisfaction, goal and objective attainment, and the provision of follow-along services as necessary.

All STAT activities will be evaluated and will address four basic questions:

1. Has the project had a positive impact on the lives of individuals experiencing deafblindness?

2. Has the project produced the anticipated impact on participating individuals, teachers, related services personnel, family members, agencies, and programs?

3. Has the project completed its stated goals and objectives within the planned time frame?

4. How satisfied are the participants?

Child Impact. Each technical assistance plan will contain specific child-change outcomes and technical assistance effectiveness will be evaluated in terms of child change. Data describing positive changes for individuals with deafblindness are a valid measure of project success. IEP/IFSP/IHP documents (with appropriate consent) will be evaluated in terms of accomplished objectives. In addition, observational data describing individual student outcomes will be collected and used to evaluate the effect of project-based intervention. For example, data describing the number of communicative initiations by a student may be collected before, during, and after a technical assistance activity. These data may be obtained through observation, document review, or interviews.

Participant Impact

Knowledge. When a technical assistance plan calls for increased levels of knowledge or attainment of specific competencies, a criterion referenced test will be developed. Whenever possible, test items will require the trainee to implement new procedures with a student who is deafblind. Test scores will be used in a pre-post evaluation model.

Observation. When follow-up services are provided, project staff will employ direct observation or interview measures to determine competency acquisition. On-site direct observations or interviews will be included in all follow-up activities.

Self-report. Trainees will be asked to describe how they have applied, or attempted to apply, new knowledge and skills. In addition, they will be asked about the project's impact on children with deafblindness, programs, agencies, and families.

Participant Satisfaction

Although participant satisfaction data are not a direct measure of training effectiveness, they are an important part of the evaluation. Satisfaction data will be used to identify problematic aspects of the project's technical assistance activities and to suggest factors that may account for differences in the effectiveness of various activities (Bailey, Geissenger, McWilliam, McWilliam, & Simeonsson, 1989).

Participant satisfaction instruments will be developed for each technical assistance activity. Participant satisfaction data will be collected and tabulated after each technical assistance activity. Project staff will review these data and, when necessary, modify project procedures.

Goal and Objective Attainment

Final TA Evaluation. Following the completion of each activity in the TA Plan, the Project Coordinator will evaluate its effectiveness in providing technical assistance. This will include evaluating the completion of its stated goals and objectives within the planned time frame, the participant satisfaction, and the accomplishment of the anticipated outcomes.

Follow-up or Follow-along

Provision of Follow-up Services. The final component of the TA model is the provision of follow-along services as identified on the technical assistance plan. Project staff will assure continuing implementation of exemplary services by providing follow-along services to all TA sites. These services may be scheduled at regular intervals and are also available on an as needed basis through contacting the Project Coordinator. Follow-along services will include telephone follow-up, on-site observation and consultation, and provision of materials from the project's library.

CASE STUDY AND ROLE PLAYING INSTRUCTIONS

The following case studies have been developed for use in training on the ND Deafblind Services Project technical assistance model. These cases represent composites of actual technical assistance activities.

Typically, they are used in small group training sessions led by Project staff. Participants are put in small groups of 3-7 people who assume the various roles of STAT members. Additional resource materials (e.g., reference materials and curricula) are available to the trainees. The usual sequence of training activities is:

1. Read through case materials (either Brent or Lesley).

2. Determine specific issues of the case which might warrant technical assistance.

3. Discuss possible technical assistance activities and complete a technical assistance plan.

4. Present case and technical assistance plan to other groups, describing the critical issues in the development of the plan.

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Background Information

Brent is a 2 year old boy who lives at home with his parents. He has a severe cognitive disability, OHI, speech-language impairment, and is deafblind. He has been diagnosed with a chromosome #6 Abnormality (extra chromatin); Atrial Septal Defect, Ventricular Septal Defect; Patent Ductus Arteriosus; Congestive Heart Failure Secondary to ASD and VSD; Psychomotor Retardation; Cataract (left eye); Congenital Glaucoma (both eyes); Moderate Amblyopia (left eye); Variable Exotropia (left eye); Hearing Impairment; Chronic Otitis Media; and Chronic Otitis Externa.

Medical Testing:

Echocardiogram. It was read as follows:

1. Moderate paramembranous ventricular septal defect with bidirectional shunting.
2. Small ostium secundum atrial septal defect with bidirectional shunting.
3. Right ventricular dilation.
4. S/P banding of main pulmonary artery - anatomy and flow characteristics at this site not well demonstrated on this study.

Brain Stem Auditory Evoked Response Threshold. The clinical interpretation was as follows:

> The BAER threshold shows waveform V distinctly visible at 7-1 milliseconds on the left at 80 db. And at 7.8 milliseconds on the right at 80 db. This would suggest impaired hearing for conversational voices bilaterally.

Videofluoroscopy:

> There was no evidence of nasal regurgitation or aspiration demonstrated during swallowing of liquid, semiliquid, or solid food.

An audiological evaluation was given recently to determine the appropriateness of amplification. Results indicate that Brent appears to be functioning with a severe hearing loss in at least his right ear, which is his better hearing ear. He began wearing UNITRON UM 60 PP behind-the -ear aids in January. Wearing the aids at an appropriate volume for his hearing loss has resulted in whistling of the of the aids. Three different sets of earmolds have been tried and have failed to resolve this problem. A body aid and a smaller earmold will be tried.

A Functional Vision Evaluation was completed on Brent and it was noted that he has a cataract on his left eye. His eyes appear to work together; however, his left eye turns outward intermittently while his right eye remains fixed on an object. He fixates on an object longer when he is manipulating it with his hands or when reaching for an object in an attempt to grab it. Brent is able to fixate on objects in all visual quadrants. Brent is able to establish and maintain eye contact for up to six seconds. At times, he demonstrates an aimless and unfocused gaze.

Motor skills/Communication Skills:

In the last month he has made several advances. While on his back, Brent will kick and move his legs in all planes and grab his feet with his hands. He uses neck hyperextension to enable him to roll from his back to his stomach. His preferred position is to lie on his tummy and in this position, he will extend his arms to push his head and trunk up and will take weight on his elbows to free up his hands to play and knees position but often keep his head down. When on his stomach, Brent will turn himself in a complete circle to follow toys or explore his environment. He will also push himself backward.

Brent uses his hands to manipulate objects. He can reach out for and grasp toys. When he has a toy in his hand, he explores it by bringing it to his mouth, manipulating it with his hand and visually attending to it. Brent will clap his hands together and cover his eyes with his hands. Brent, often times, has his finger in his moth and ears. On occasion, he has been observed to touch his eyeballs with his fingers.

When moved slowly off balance, Brent is beginning to demonstrate protective extension with his arms. When held in the upright position, Brent is beginning to partially bear weight on his legs. The TO reported that in, at least one situation, he has started to make eye contact, but not on a consistent basis. The situation involved vigorous swinging and stopping. Brent made eye contact with the TO and she started the swinging motion, again.

Because of his heart condition he fatigues easily. When he is tired he becomes agitated and cries/fusses. The vision/preschool teacher reported that the key to getting Brent out of this grouchy mood is to play vigorously with him.

Brent spends the majority of his time with his parents at home. He shares a room with an older brother and sleeps in a crib. When he is up, he spends time in his walker, his wheelchair with tray, or playing on the carpet and floor. He likes to explore with his hands. He has a crib with tray, mirror and a colorful clown mobile that plays music. He plays with his clown mobile a lot when he is in his crib alone. He will turn three years old in the next month at which time he will attend the neighborhood Preschool on a half day basis, depending on his endurance.

Brent's Daily Schedule

Time	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
12:00 a.m.	change diaper in bed	change diaper in bed	change diaper in bed	change diaper in bed	change diaper in bed	change diaper in bed	change diaper in bed
1:00 a.m.	Bed	Bed	Bed	Bed	Bed	Bed	Bed
6:00 a.m.	Dress	Dress	Dress	Dress	Dress	Dress	Dress
7:00 a.m.	Breakfast	Breakfast	Breakfast	Breakfast	Breakfast	Breakfast	Breakfast
8:00 a.m.	prone on floor with toys	prone on floor with toys	prone on floor with toys	prone on floor with toys	prone on floor with toys	prone on floor with toys	prone on floor with toys
9:00 a.m.	prone on floor with toys	PT/TO	PT	PT	TO	PT	prone on floor with toys
10:00 a.m.	oral motor with mom	oral motor with mom	oral motor with mom	oral motor with mom	oral motor with mom	oral motor with mom	oral motor with mom
11:00 a.m.	Lunch	Lunch	Lunch	Lunch	Lunch	Lunch	Lunch
12:00 p.m.	Nap	Nap	Nap	Nap	Nap	Nap	Nap
1:00 p.m.	Nap	Nap	Nap	Nap	Nap	Nap	Nap
2:00 p.m.	Nap	Nap	Nap	Nap	Nap	Nap	Nap
3:00 p.m.	Nap	Nap	Nap	Nap	Nap	Nap	Nap
4:00 p.m.	prone positioning on floor w/toys	IDP home visit	prone positioning on floor/toys	prone positioning on floor w/toys	prone positioning on floor w/toys	prone positioning on floor w/toys	prone positioning on floor w/toys
5:00 p.m.	standing frame in kitchen with mom	standing frame in kitchen with mom	standing frame in kitchen with mom	standing frame in kitchen with mom	standing frame in kitchen with mom	standing frame in kitchen with mom	standing frame in kitchen with mom
6:00 p.m.	Supper	Supper	Supper	Supper	Supper	Supper	Supper
7:00 p.m.	swimming at Y with dad	prone on floor with toys	prone on floor with toys	swimming at Y with dad	prone on floor with toys	prone on floor with toys	prone on floor with toys
8:00 p.m.	bedtime	bedtime	bedtime	bedtime	bedtime	bedtime	bedtime

* Brent is changed at night in his bed and during the day on his changing table.
* PT/TO services are private.
* IDP program provides consultative services. A home visit is made once a week.

IFSP Goals

Goal 1:

Brent will hold his head up and turn to locate voices/sounds, look at people and locate objects in his environment.

Goal 2:

Options to pay for medical expenses will be explored to help ease the financial cost to Brent's parents.

Goal 3:

Brent will maintain a weight gain in order to have adequate nutrition to stay healthy.

Facilitator

As Facilitator your job is to visit with Brent's parents and service providers to determine how the NDDBSP can assist them. Several different options for technical assistance should be discussed. Use the following four steps to plan the technical assistance.

First:

You will lead them through the consensus building process to identify issues/needs/questions they want to address.

Second:

You will develop an outcome of the technical assistance according to the level of TA required. What do they see as the outcome of the technical assistance provided by NDDBSP?

Third:

You will develop an evaluation plan for the technical assistance (how you plan on evaluating the outcome). This should be something that the team feels comfortable with and believe they can do. Let them come up with methods of evaluation.

Fourth:

You will develop an action plan for the TA. It will include activities, time lines, people responsible and evaluation methods. Have the team give you their ideal plan for TA - it can always be negotiated out later. Make sure they are responsible for activities, also.

Additional Questions

Infant Development Program Staff

Questions:

* How can we get him interested in things other than having his hands in his mouth, eyes, or ears?
* Shortly after he started wearing his hearing aides, parents reported that he would respond to noises, but now he doesn't consistently respond to sounds. Parents are wondering if this is because he just doesn't know how to use the hearing that he has. And, how can we teach him to use his hearing/respond to sounds?
* How can we get him to respond to people more consistently?
* How can we get him to be more engaging/reinforcing to others so that they will interact with him more?

Family

Questions:

* What activities can Brent take part in independently?
* What adaptations/accommodations have to be made?
* What is too much stimulation with his heart condition?
* What can he really see and hear condition?
* What can he really see and hear?
* We would really like him to look at us when we call his name. How do we get him to make eye contact?
* How can we encourage Brent to be more mobile (walking/crawling)?
* How to get him to imitate sounds?
* More activities to do with his hands (he really seems to be interested in using his hands).

Preschool Teacher

Questions:

* What can we do to build his endurance?
* How should his activities be scheduled to allow for maximum participation?
* Brent is very much in his own world. He has no motivation to move. How can we provide this motivation/opportunities?
* How can we arrange/schedule the environment to provide for opportunities?
* How do we get people who work and live with him to buy into the importance of Brent exploring his world?
* Could his fussiness/crying be a communication attempt?

North Dakota Deafblind Services Project
Quality Indicators Checklist*
DIRECTIONS

1. This quality indicators checklist is used as self assessment tool for your technical assistance needs. It will help your team focus on areas of need and help develop possible solutions to meet those needs.

2. For each category, read each statement and circle the number that most accurately reflects your team's need for support. Circle number 1 if it is currently a low need and number 5 if it is a high need. Circle numbers 2, 3, and 4 as they may apply.

3. After rating the items in each category, please list your highest priority item/issue and then explain what you feel needs to be done concerning this issue.

Return to:

North Dakota Deafblind Services Project
MSU-NDCPD
500 University Ave W
Minot, ND 58707
Phone:(701)858-3230
1-800-233-1737

*The NDDBSP Quality Indicators Checklist was adapted from LaParo, K.M. & Bechtel, C. (1993). Best Practices Quality Indicators Checklist.

ND Deaf-Blind Services Project
Quality Indicators Checklist*

Teacher(s)_____ School Preschool Program

Completed by OT, Speech Pathologist, Vision Teacher, Preschool Teacher Date_____
Instructions:

I. School Level
This category includes items that address general school/building issues.

	Low Need		Not Sure		High Need
A. Setting					
1. Children with disabilities obtain instruction in appropriate and accessible enviornments in local schools.	1 **N/A**	2	3	4	5
B. Philosophy	**1**	2	3	4	5
1. An attitude and philosophy of respect, responsiveness, and capability is evident in the school.					
C. Personnel	1	2	3	4	**5**
1. Adequately trained, collaborative staff are available to provide services.					
D. Service Delivery	1	2	3	4	**5**
1. Collaborative models of service delivery are available to meet student needs.					
E. Least Restrictive Environment (LRE)	1	2	3	4	**5**
1. The concept of Least Restrictive Environment is evident in placement and services for children with disabilities.					
F. Evaluation	1	2	3	4	**5**
1. Clear student and family outcomes are evident in the evaluation process.					

Category--School Level

The highest priority item/issue in this category is:

* **People working with Brent need to be trained to work with him**
* **Staff must consistently apply skills and ideas as trained and be thinking of new ways to stimulate him.**
* **Brent sits and waits for the world to come to him.**

What do you think needs to be done about this issue?

* **sensory motor activities**
* **continued inservices**
* **implement the use of a primary care staff**
* **Everyone needs to buy into what is done with him**

II. Classroom
This category includes items that address classroom issues.

	Low Need		Not Sure		High Need
A. Organization					
1. The classroom setting is well organized, accessible, and contains age-appropriate materials	1	2	3	4	**5**
B. Scheduling					
1. Children are involved in active learning within naturally occurring routines.	1	2	3	4	**5**
C. Data Collection	**1**	2	3	4	5
1. Data are collected at least weekly on IEP objectives, contain level of assistance, are used to make modifications, and systems are easy to use unobtrusive.					

Category--Classroom

The highest priority item/issue in this category is:

* **Organization and scheduling**

What do you think needs to be done about this issue?

* **Toys to meet unique needs**
* **Toys that are accessible to Brent when he wants them**

III. Student/Child

This category includes items that address the student.

	Low Need		Not Sure		High Need
A. Least Restrictive Environment (LRE) 1. The student attends an age appropriate school/class and his/her IFSP/IEP contains at least one measurable behavioral objective involving interacting with typically developing peers.	1	2	3	4	**5**
B. Adaptive/Assistive Devices 1. Adaptations and assistive devices are developed/made available, and kept in good condition.	1	2	3	4	**5**
C. Medical Information 1. Medical records are up-to-date, including information on medications and monitoring of any effects of medication on students.	**1**	2	3	4	5
D. Positioning 1. Students are positioned to allow for maximum participation and repositioned at least every 1/2 hour with the changes communicated to the student.	1	2	3	4	**5**

Category--Student/Child

The highest priority item/issue in this category is:

* **Adaptive/Assistive devices and positioning**
* **He needs more control over his environment**

What do you think needs to be done about this issue?

* **He needs more opportunity to explore toys, objects, and environment to allow for more control.**
* **Brent needs to be "taught" to move from position to position (laying down to sitting, etc.). Instead of being picked up and moved from place to place without expecting it or given the opportunity to activitely participate.**

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IV. Family

This category includes items that address family issues.

	Low Need		Not Sure		High Need
A. Family					
1. There is active family involvement in addressing student needs and designing IFSP/IEP, and working on objectives at home.	1	2	**3**	4	5
2. IFSP/IEP's are developed using family input and are based on families priorities, concerns, and resources.	1	2	**3**	4	5
3. Communication with the child's family is consistent and confidential.	1	2	**3**	4	5

Category--Family

The highest priority item/issue in this category is:

* **Family issues and concerns need to be addressed.**

What do you think needs to be done about this issue?

* **Have a consistent means of sharing information with everyone who is with Brent.**

V. Instruction

This category includes items that address instruction issues.

	Low Need		Not Sure		High Need
A. Instructional Strategies					
1. Effective instructional techniques are utilized, procedures for fading are specified, strategies reflect natural cues/consequences, and instruction addresses acquisition, maintenance, generalization, and fluency.	1	2	**3**	4	5
2. Behavioral problems are viewed as instructional needs and behavior intervention is positive and unobtrusive.	**1**	2	3	4	5
3. Students spend the majority of time actively involved in age-appropriate activities addressed in IFSP/IEP.	1	2	3	4	**5**
4. Schedules reflect a variety of situations and sufficient time to meet goals.	1	2	3	**4**	5
5. Students have several opportunities throughout the day both scheduled and natural to make choices.	1	2	3	4	**5**
B. Communication					
1. Communication is taught within functional activities and routines with both family and personal priorities identified.	1	2	3	4	**5**
2. Behaviors are acknowledged as communication with educative approaches to behavior problem avoiding both artificial reinforcement and aversive control.	1	2	**3**	4	5
3. The curricula emphasize age appropriate skills and strategies with present and future utility.	**1**	2	3	4	5
4. Curriculum is referenced to individual, family, peers, and community and emphasis is placed on function rather than response.	1	2	3	4	**5**
C. Natural Routines/Settings					
1. New skills are taught and used within naturally occurring routines with instruction taking place in community settings at least twice monthly (ages 3 to 8), twice weekly (ages 13 and up), depending on age.	1	2	3	4	**5**

	Low Need		Not Sure		High Need
D. Autonomy/Competence					
1. There is time for independent work at individual pace while providing positive reinforcement and feedback during and after activities.	1	2	3	4	**5**
E. Evaluation					
1. Instructional programs are designed with team input and based on information provided from task analyses, discrepancy analyses and ecological inventories, and provide for the acquisition of data that will help make instructional decision.	**1**	2	3	4	5
F. IFSP/IEP					
1. IFSP/IEP's are developed that use functional assessments; reflect learner's preferences; contain acquisition, maintenance, and generalization plans; designate data collection methods, and are functional and age appropriate.	**1**	2	3	4	5
2. IFSP/IEP's contain goals that allow for interactions with nondisabled peers, target functional activities within naturally occurring routines, and address communication, mobility, and assistive technology needs of the child.	1	2	3	4	**5**

Category--Instruction

The highest priority item/issue in this category is:

* **Instructional Strategies and communication**
* **Autonomy/Competence (many things are just done for Brent)**

What do you think needs to be done about this issue?

* **Provide motivation/opportunities for Brent to interact with the world around him.**
* **Arrange or schedule the environment to provide for these opportunities.**

VI. Transition

This category includes items that address transition issues.

	Low Need		Not Sure		High Need
A. Transition					
1. Longitudinal planning is facilitated through regular contact between current and future school/agency.	**1**	2	3	4	5
2. Transition planning involves participation of family and next setting personnel.	**1**	2	3	4	5
3. IFSP/IEP contains transition goal/objectives based on next environment demands and community-based vocational training is evident for students 14 years of age and older.	**1**	2	3	4	5
4. Individualized transition plans are developed with the input of parents and consumers beginning at age 14 and each year thereafter.	**1**	2	3	4	5

Category-Transition

The highest priority item/issue in this category is:

* **Transition is not an issue at this time.**

What do you think needs to be done about this issue?

N/A

Case Study for Lesley*

Lesley, the daughter of Anne and Stuart, was born at full term with a cleft palate. A physician diagnosed Lesley's hearing impairment (a moderate-to-severe bilateral sensorineural loss) at 8 months. After cleft palate surgery at 14 months, Lesley received biaural aids at 18 months.

At 20 months her pediatrician suspected a vision problem. After two independent exams, Lesley was diagnosed with severe myopia (vision acuity less than 20/400). She received glasses on her second birthday.

Early intervention and preschool services helped Lesley's development. The teachers used both oral language and signing to develop communication skills. The kindergarten teacher used an FM system to assist Lesley. Although slower than her classmates, she learned some independent mobility skills in familiar settings, developed an expressive vocabulary of 200 words, and performed most self-help skills with some adaptations (e.g., large pull on zippers, brightly colored dishes and utensils). A summary of Lesley's most recent comprehensive evaluation results are attached.

First Grade:

Anne and Stuart are going to meet with Lesley's kindergarten teacher and IEP team next week to discuss first grade. They want Lesley to be in the regular first grade classroom with 22 peers next year. The kindergarten teacher agrees with them but has let them know that the first grade teacher and the principal have great concerns about the placement. They don't know how Lesley's communication, mobility, and self-help skills will be met in first grade. They are also concerned that the needs of the other 22 students will not be met and that the curriculum will be somehow diluted.

Technical Assistance:

The Statewide Technical Assistance Team coordinator was called to provide direction to the school personnel and Lesley's parents. They completed the attached Request for Technical Assistance form. The coordinator has assembled a team of experts (all of you) to address their concerns.

*Adapted from Buzzell, J.B. & Piazza, R. (1994). Case studies for teaching special needs and at risk students. Albany, NY: Delmar Publishers, Inc.

Evaluation Summary

- Cognitive ability is in the mild to moderate range of mental retardation. However, the results are somewhat suspect because of the potential impact of her vision and hearing difficulties on the standardized testing.

- Mobility skills are a problem, primarily because of her vision impairment. Lesley has difficulties locating environmental stimuli (e.g., teacher if she is more than 10 feet away, bulletin board items, classroom desk) which can influence her mobility skills.

- Vision acuity still less than 20/400. It is 20/200 with glasses. She cannot recognize details on photographs (e.g., Polaroid print), but can detect most detail on enlarged black and white drawings with paper contrast and lighting.

- Adaptive behavior skills are below average for her age, unless they are significantly adapted. She has two or three close friends who provide mobility guidance and extra cues to allow her to function in the classroom. However, they still have problems effectively communicating with Lesley because of her speech problems and idiosyncratic signs.

Team Situations

1. Although the school has completed a comprehensive evaluation, Lesley's parents request a second evaluation. The STAT experts shall organize the evaluation. Determine the professionals to be on the evaluation team and the types of testing procedures to be used.

2. Develop a list of recommendations for the school staff to support Lesley in grade one.

3. You have decided to provide an inservice about deafblindness and Lesley's needs to the teachers, students, and staff at the school. Outline the content of the inservice.

4. The school agreed to let Lesley begin school in the first grade. On the first day after Labor Day, Lesley hit a classmate who sat next to her at lunch. The principal called Anne and Stuart and is considering placing her in the self-contained classroom. What should the team do?

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North Dakota Deafblind Services Project
Quality Indicators Checklist*
DIRECTIONS

1. This quality indicators checklist is used as self assessment tool for your technical assistance needs. It will help your team focus on areas of need and help develop possible solutions to meet those needs.

2. For each category, read each statement and circle the number that most accurately reflects your team's need for support. Circle number 1 if it is currently a low need and number 5 if it is a high need. Circle numbers 2, 3, and 4 as they may apply.

3. After rating the items in each category, please list your highest priority item/issue and then explain what you feel needs to be done concerning this issue.

Return to: North Dakota Deafblind Services Project
MSU-NDCPD
500 University Ave W
Minot, ND 58707
Phone:(701)858-3230
1-800-233-1737

*The NDDBSP Quality Indicators Checklist was adapted from LaParo, K.M. & Bechtel, C. (1993). Best Practices Quality Indicators Checklist.

ND Deafblind Services Project
Quality Indicators Checklist*

Teacher(s)_____ School Smalltown Elementa
Completed by Anne, Stuart and Lesley's Team Date_____
Instructions:

I. School Level
This category includes items that address general school/building issues.

	Low Need		Not Sure		High Need
A. Setting					
1. Children with disabilities obtain instruction in appropriate and accessible enviornments in local schools.	1	2	3	4	**5**
B. Philosophy					
1. An attitude and philosophy of respect, responsiveness, and capability is evident in the school.	1	2	**3**	4	5
C. Personnel					
1. Adequately trained, collaborative staff are available to provide services.	1	2	**3**	4	5
D. Service Delivery					
1. Collaborative models of service delivery are available to meet student needs.	1	2	**3**	4	5
E. Least Restrictive Environment (LRE)					
1. The concept of Least Restrictive Environment is evident in placement and services for children with disabilities.	1	2	**3**	4	5
F. Evaluation					
1. Clear student and family outcomes are evident in the evaluation process.	1	2	**3**	4	5

Category--School Level

The highest priority item/issue in this category is:

* **All items.**

What do you think needs to be done about this issue?

* **Should Lesley go to grade one?**

II. Classroom

This category includes items that address classroom issues.

	Low Need		Not Sure		High Need
A. Organization					
1. The classroom setting is well organized, accessible, and contains age-appropriate materials	1	**2**	3	4	5
B. Scheduling					
1. Children are involved in active learning within naturally occurring routines.	1	**2**	3	4	5
C. Data Collection	1	2	**3**	4	5
1. Data are collected at least weekly on IEP objectives, contain level of assistance, are used to make modifications, and systems are easy to use unobtrusive.					

Category--Classroom

The highest priority item/issue in this category is:

* **Scheduling for Lesley's day**

What do you think needs to be done about this issue?

* **Develop daily schedule for Lesley.**

III. Student/Child

This category includes items that address the student.

	Low Need		Not Sure		High Need
A. Least Restrictive Environment (LRE)	1	2	3	**4**	5
1. The student attends an age appropriate school/class and his/her IFSP/IEP contains at least one measurable behavioral objective involving interacting with typically developing peers.					
B. Adaptive/Assistive Devices	1	2	3	**4**	5
1. Adaptations and assistive devices are developed/made available, and kept in good condition.					
C. Medical Information	1	**2**	3	4	5
1. Medical records are up-to-date, including information on medications and monitoring of any effects of medication on students.					
D. Positioning	1	2	3	**4**	5
1. Students are positioned to allow for maximum participation and repositioned at least every 1/2 hour with the changes communicated to the student.					

Category--Student/Child

The highest priority item/issue in this category is:

* **LRE and instruction for Lesely.**

What do you think needs to be done about this issue?

* **Don't know.**

IV. Family

This category includes items that address family issues.

	Low Need		Not Sure		High Need
A. Family					
1. There is active family involvement in addressing student needs and designing IFSP/IEP, and working on objectives at home.	1	**2**	3	4	5
2. IFSP/IEP's are developed using family input and are based on families priorities, concerns, and resources.	1	**2**	3	4	5
3. Communication with the child's family is consistent and confidential.	**1**	2	3	4	5

Category--Family

The highest priority item/issue in this category is:

* **Keep family involved.**

What do you think needs to be done about this issue?

* **Keep family involved.**

V. Instruction

This category includes items that address instruction issues.

	Low Need		Not Sure		High Need
A. Instructional Strategies					
1. Effective instructional techniques are utilized, procedures for fading are specified, strategies reflect natural cues/consequences, and instruction addresses acquisition, maintenance, generalization, and fluency.	1	2	**3**	4	5
2. Behavioral problems are viewed as instructional needs and behavior intervention is positive and unobtrusive.	1	2	**3**	4	5
3. Students spend the majority of time actively involved in age-appropriate activities addressed in IFSP/IEP.	1	2	3	**4**	5
4. Schedules reflect a variety of situations and sufficient time to meet goals.	1	2	3	**4**	5
5. Students have several opportunities throughout the day both scheduled and natural to make choices.	1	2	3	**4**	5
B. Communication					
1. Communication is taught within functional activities and routines with both family and personal priorities identified.	1	2	3	4	**5**
2. Behaviors are acknowledged as communication with educative approaches to behavior problem avoiding both artificial reinforcement and aversive control.	1	2	3	4	**5**
3. The curricula emphasize age appropriate skills and strategies with present and future utility.	1	2	**3**	4	5
4. Curriculum is referenced to individual, family, peers, and community and emphasis is placed on function rather than response.	1	2	3	4	**5**
C. Natural Routines/Settings					
1. New skills are taught and used within naturally occurring routines with instruction taking place in community settings at least twice monthly (ages 3 to 8), twice weekly (ages 13 and up), depending on age.	1	2	**3**	4	5

	Low Need		Not Sure		High Need
D. Autonomy/Competence					
1. There is time for independent work at individual pace while providing positive reinforcement and feedback during and after activities.	1	2	**3**	4	5
E. Evaluation					
1. Instructional programs are designed with team input and based on information provided from task analyses, discrepancy analyses and ecological inventories, and provide for the acquisition of data that will help make instructional decision.	1	2	**3**	4	5
F. IFSP/IEP					
1. IFSP/IEP's are developed that use functional assessments; reflect learner's preferences; contain acquisition, maintenance, and generalization plans; designate data collection methods, and are functional and age appropriate.	1	**2**	3	4	5
2. IFSP/IEP's contain goals that allow for interactions with nondisabled peers, target functional activities within naturally occurring routines, and address communication, mobility, and assistive technology needs of the child.	1	2	3	**4**	5

Category--Instruction

The highest priority item/issue in this category is:

* **Communication**

What do you think needs to be done about this issue?

* **Make sure Lesley can communicate at all times.**

VI. Transition

This category includes items that address transition issues.

	Low Need		Not Sure		High Need
A. Transition					
1. Longitudinal planning is facilitated through regular contact between current and future school/agency.	1	2	**3**	4	5
2. Transition planning involves participation of family and next setting personnel.	1	**2**	3	4	5
3. IFSP/IEP contains transition goal/objectives based on next environment demands and community-based vocational training is evident for students 14 years of age and older.	1	2	**3**	4	5
4. Individualized transition plans are developed with the input of parents and consumers beginning at age 14 and each year thereafter.	1	2	**3**	4	5

Category-Transition

The highest priority item/issue in this category is:

* **Don't know.**

What do you think needs to be done about this issue?

-Internal use only-

NORTH DAKOTA DEAFBLIND SERVICES PROJECT
MINOT STATE UNIVERSITY - NORTH DAKOTA CENTER FOR PERSONS WITH DISABILITIES
500 University Avenue West; Minot, ND 58707
(701)858-3580 or 1-800-233-1737

TECHNICAL ASSISTANCE REQUEST FORM

The North Dakota Deafblind Services Project supports the pursuit of services that allow for full participation in home, work, school, recreation, and other activities for the community for all infants, toddlers, children, and youth who are deafblind and their families.

Demographic Information

Name of Agency/parent Requesting Assistance: Anne & Stuart Smith Phone: 701-222-1111

Address: 200 Tree-line Blvd. City: Smalltown State: ND Zip: 58700 County: Ward

Contact Person: Anne Smith Title: Date Initiated: 6-17-96

I. Total number of persons with deafblindness served by your agency (indicate number in box):

- ☐ Infants/Toddlers (0-2 yrs)
- ☒ Elementary (6-10 yrs)
- ☐ Transition (14-21 yrs)
- ☐ Preschoolers (3-5 yrs)
- ☐ Adolescents (10-14 yrs)
- ☐ Peers

II. Type of Technical Assistance Requested (check all that apply):

- ☒ Home consultation
- ☐ Information dissemination
- ☐ Interagency collaboration
- ☐ Other
- ☐ Materials development
- ☒ On-site program consultation
- ☒ Inservice training

In What areas are technical assistance needed in order to accomplish the projected individual, service, and systems outcomes (check all that apply):

- ☐ Assessment
- ☐ Etiologies/Medical issues
- ☒ Orientation & mobility
- ☐ Transition planning
- ☐ Behavior management
- ☒ Functional curriculum dev.
- ☐ Preservice preparation/ training
- ☒ Vision development
- ☐ Collaborative teaming
- ☒ Hearing development
- ☐ Vocational skills/ job development
- ☒ Communication development
- ☐ IEP/IFSP development
- ☐ Recreation/leisure
- ☐ Other:
- ☐ Community based instruction
- ☒ Integration issues
- ☐ System change

III. Please estimate the number of projected technical assistance recipients for each category:

[5] Team members	❑ Medical personnel	❑ Special education related services staff
❑ Adult service provider	❑ Regional Advisory committee member	❑ Early childhood spec./Interventionist
❑ Special education administrators	[1] Regular education administrators	❑ Technical assistance/Training provider
[2] Family members	[2] Regular education teaching staff	❑ Higher education personnel
❑ Special education teaching staff	[1] Other:	

IV. Logistics

Desired technical assistance schedule:

- ❑ One day
- ❑ Two or three consecutive days
- ❑ Two intensive training sessions of one or two consecutive days each
- [3] Monthly assistance of one to three days for ____?____(fill in) months
- ❑ Other:

Projected Beginning Date:

❑ January	[X] July
❑ February	❑ August
❑ March	❑ September
❑ April	❑ October
❑ May	❑ November
❑ June	❑ December

Preferred Days:

- ❑ Monday
- ❑ Tuesday
- ❑ Wednesday
- ❑ Thursday
- ❑ Friday
- ❑ Saturday

City/State where technical assistance will be provided: Smalltown

	Yes	No
Director contacted?	[X]	❑
Parents contacted?	[X]	❑
Informed consent received?	❑	[X]

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DEFINITIONS OF DEAFBLIND

The term "deafblind" is somewhat misleading. Individuals with deafblindness represent a heterogeneous group with a combination of vision and hearing impairment, which affects the ability to learn to the extent that educational programming must address both the vision and hearing impairment. Deafblindness can be described in functional terms (i.e., inconsistent responses to auditory and/or visual stimuli in the environment) or supported by medical description of pathology.

For the purpose of the NDDBSP project, an individual is eligible for services if they meet the requirement found in one of the following definitions:

> Students who have both hearing and visual impairments and cannot be accommodated in special education programs solely for the child with hearing impairments or the child with visual impairments. PL94-142 (Sec. 300.5(b)(2)).
>
> Individuals who have inconsistent or inconclusive responses during clinical hearing and/or vision evaluations, and/or inconsistent responses to auditory and/or visual stimuli in the environment and are supported by a known etiology. Example: Student has glaucoma with a severe hearing loss, moderate mental retardation and an etiology of maternal rubella.
>
> Individuals who have hearing and visual impairment of mild to severe and additional learning and/or language disabilities which result in the need for special services. Example: Student is partially sighted (20/100) with a mild hearing loss (25-55dB), and exhibits a learning disability.
>
> Individuals with multiple disabilities due to generalized central nervous system dysfunction, who may demonstrate inconclusive responses during clinical hearing and/or vision evaluations and/or inconsistent responses to auditory and/or visual stimuli in natural environments. Example: Student has cerebral palsy with corrected vision of 20/90 and exhibits auditory processing difficulty compounded by an inconsistent auditory stimulus response.
>
> Individuals who have been diagnosed as having a degenerative disease which will affect vision and/or hearing acuity.

To assist in the identification of children and youth (0-21 yrs.) with Deafblindness, the NDDBSP has developed an identification checklist. If a child meets the criteria in both vision and hearing and is eligible for Special Services, they may be eligible to be put on the Deafblind Registry and should be brought forward for discussion.

APPENDICES

Appendix A
Identification List of Deafblindness Characteristics

STUDENT'S NAME **Deafblind Impairment**

To meet the condition of dual sensory impaired and to receive technical assistance from The North Dakota Deafblind Services Project, a child (birth through 21) must meet at least one of the following conditions in both vision and hearing categories and be eligible for special services.

Hearing

1 ❑ Documented history of chronic otitis media especially during the first 6 years of life, that appears to impact their hearing ability

or

2 ❑ Documented hearing impairments (conductive, sensorineural, or mixed), of at least 25db in at least one ear*

or

3 ❑ Documented syndrome/disorder associated with hearing loss or progressive hearing loss*

or

4 ❑ Diagnosis of auditory processing disorder following testing by a speech-language pathologist, audiologist, and/or psychologist such as *

or

5 ❑ Caregivers/professionals who know the child suspect impaired hearing based on:
a) significant and otherwise unanticipated delay in receptive and/or expressive speech-language skills
or
b) inconsistent responses to auditory stimuli in the natural environment

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Vision

1 ❑ Documented syndrome/disorder (including genetic) associated with loss of vision *

or

2 ❑ Documented syndrome/disorder associated with progressive or fluctuating vision loss *

or

3 ❑ Diagnosis of cortical visual impairment from ophthalmologist and/or neurologist *

or

4 ❑ *Diagnosis of nystagmus *

or

5 ❑ Diagnosis of amblyopia after the age of 6 yrs *

or

6 ❑ History of untreated eye condition, such as cataracts, any time during the first 3 years of life *

or

7 ❑ Documented visual impairment of 20/70 or worse after correction in better eye or a loss in visual field

or

8 ❑ Caregivers/professionals who know the child suspect visual impairments based on:
a) visual attending and/or visual examining behaviors are less than anticipated
or
b) impaired visual-motor functioning, resulting from strabismus or cerebral palsy *

9 ❑ Visual perception problem *

**examples/definitions on reverse side of this page*

Adapted From Texas Deafblind Project

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EXAMPLES	
Hearing	**Vision**
2) * A conductive hearing loss is caused by problems in the outer ear or middle ear (e.g., chronic blockage of the ear canal, damage to the ear drum, problems with the bones in the middle ear, chronic fluid in the middle ear) A sensorineural hearing loss is caused by nerve damage to the inner ear. A mixed hearing loss is a combination of conductive and sensorineural impairments.	1) * Some examples of syndromes or disorders associated with loss of vision include: - Congenital cataracts - Retinopathy of Prematurity - Retinal Blastomas - Noonan Syndrome - Morquio Syndrome - Marfan Syndrome 2) * Some examples of disorders associated with progressive or fluctuating vision loss include: - Retinitis pigmentosa - Usher Syndrome - Glaucoma
3) * Some examples of syndromes associated with progressive hearing loss include: - Norrie Syndrome - Mohr Syndrome - Sticklers Syndrome - Paget Syndrome - Kniest Syndrome - Cockayne Syndrome - Goldinhar Syndrome - Hurler Syndrome	3) * Cortical visual impairment results in the inability of an individual to process visual information. 4) * Nystagmus is an involuntary, rapid movement of the eye. 5) * Amblyopia is uncorrectable blurred vision due to disuse of the eye. 6) * Cataracts are a clouding of the lens of the eye. 8b * Strabismus is a deviation of the eyes so they are not simultaneously directed to the same object. 9) * Examples of visual perception problems: - Child may be observed to overreach or underreach for objects - Child may misjudge where the food is on a plate - Child may be confused by color or texture of walking surface
4) * Reports from professionals that may include such terms or descriptions as: - central auditory processing problem - central auditory processing dysfunction - difficulty in understanding what is heard	

If you have any questions concerning this checklist, contact:

Project Coordinator
ND Deafblind Services Project
MSU/NDCPD, UAP
500 University Ave. West
Minot, ND 58707
(701) 858-3230 or 1-800-233-1737

Appendix B
Blank TA Request Form

-Internal use only-

NORTH DAKOTA DEAFBLIND SERVICES PROJECT

MINOT STATE UNIVERSITY - NORTH DAKOTA CENTER
FOR PERSONS WITH DISABILITIES
500 University Avenue West; Minot, ND 58707
(701)858-3580 or 1-800-233-1737

TECHNICAL ASSISTANCE REQUEST FORM

The North Dakota Deafblind Services Project supports the pursuit of services that allow for full participation in home, work, school, recreation, and other activities for the community for all infants, toddlers, children, and youth who are deafblind and their families.

Demographic Information

Name of Agency/parent Requesting Assistance _____ Phone _____

Address _____ City _____ State _____ Zip _____ County _____

Contact Person _____ Title _____ Date Initiated: _____

I. Total number of persons with deafblindness served by your agency (indicate number in box):

❑ Infants/Toddlers (0-2 yrs) ❑ Elementary (6-10 yrs) ❑ Transition (14-21 yrs)
❑ Preschoolers (3-5 yrs) ❑ Adolescents (10-14 yrs) ❑ Peers

II. Type of Technical Assistance Requested (check all that apply):

❑ Home consultation ❑ Information dissemination ❑ Interagency collaboration ❑ Other
❑ Materials development ❑ On-site program consultation ❑ Inservice training

In What areas are technical assistance needed in order to accomplish the projected individual, service, and systems outcomes (check all that apply):

❑ Assessment ❑ Etiologies/Medical issues ❑ Orientation & mobility ❑ Transition planning
❑ Behavior management ❑ Functional curriculum dev. ❑ Preservice preparation/ training ❑ Vision development
❑ Collaborative teaming ❑ Hearing development ❑ Vocational skills/ job development
❑ Communication development ❑ IEP/IFSP development ❑ Recreation/leisure
❑ Community based instruction ❑ Integration issues ❑ System change ❑ Other:

III. Please estimate the number of projected technical assistance recipients for each category:

- ❑ Team members
- ❑ Adult service provider
- ❑ Special education administrators
- ❑ Family members
- ❑ Special education teaching staff
- ❑ Medical personnel
- ❑ Regional Advisory committee member
- ❑ Regular education administrators
- ❑ Regular education teaching staff
- ❑ Other:
- ❑ Special education related services staff
- ❑ Early childhood spec./Interventionist
- ❑ Technical assistance/Training provider
- ❑ Higher education personnel

IV. Logistics

Desired technical assistance schedule:

- ❑ One day
- ❑ Two or three consecutive days
- ❑ Two intensive training sessions of one or two consecutive days each
- ❑ Monthly assistance of one to three days for _____(fill in) months
- ❑ Other:

Projected Beginning Date:

- ❑ January
- ❑ February
- ❑ March
- ❑ April
- ❑ May
- ❑ June
- ❑ July
- ❑ August
- ❑ September
- ❑ October
- ❑ November
- ❑ December

Preferred Days:

- ❑ Monday
- ❑ Tuesday
- ❑ Wednesday
- ❑ Thursday
- ❑ Friday
- ❑ Saturday

City/State where technical assistance will be provided: _____

	Yes	No
Director contacted?	❑	❑
Parents contacted?	❑	❑
Informed consent received?	❑	❑

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Appendix C
Blank Quality Indicator's Form

North Dakota Deafblind Services Project
Quality Indicators Checklist*
DIRECTIONS

1. This quality indicators checklist is used as self assessment tool for your technical assistance needs. It will help your team focus on areas of need and help develop possible solutions to meet those needs.

2. For each category, read each statement and circle the number that most accurately reflects your team's need for support. Circle number 1 if it is currently a low need and number 5 if it is a high need. Circle numbers 2, 3, and 4 as they may apply.

3. After rating the items in each category, please list your highest priority item/issue and then explain what you feel needs to be done concerning this issue.

Return to:

North Dakota Deafblind Services Project
MSU-NDCPD
500 University Ave W
Minot, ND 58707
Phone:(701)858-3230
1-800-233-1737

*The NDDBSP Quality Indicators Checklist was adapted from LaParo, K.M. & Bechtel, C. (1993). Best Practices Quality Indicators Checklist.

ND Deafblind Services Project
Quality Indicators Checklist*

Teacher(s)_____ School_____
Completed by_____ Date_____
Instructions:

I. School Level
This category includes items that address general school/building issues.

	Low Need		Not Sure		High Need
A. Setting					
1. Children with disabilities obtain instruction in appropriate and accessible enviornments in local schools.	1	2	3	4	5
B. Philosophy					
1. An attitude and philosophy of respect, responsiveness, and capability is evident in the school.	1	2	3	4	5
C. Personnel					
1. Adequately trained, collaborative staff are available to provide services.	1	2	3	4	5
D. Service Delivery					
1. Collaborative models of service delivery are available to meet student needs.	1	2	3	4	5
E. Least Restrictive Environment (LRE)					
1. The concept of Least Restrictive Environment is evident in placement and services for children with disabilities.	1	2	3	4	5
F. Evaluation					
1. Clear student and family outcomes are evident in the evaluation process.	1	2	3	4	5

Category--School Level

The highest priority item/issue in this category is:

What do you think needs to be done about this issue?

II. Classroom

This category includes items that address classroom issues.

	Low Need		Not Sure		High Need
A. Organization					
1. The classroom setting is well organized, accessible, and contains age-appropriate materials	1	2	3	4	5
B. Scheduling					
1. Children are involved in active learning within naturally occurring routines.	1	2	3	4	5
C. Data Collection	1	2	3	4	5
1. Data are collected at least weekly on IEP objectives, contain level of assistance, are used to make modifications, and systems are easy to use unobtrusive.					

Category--Classroom

The highest priority item/issue in this category is:

What do you think needs to be done about this issue?

III. Student/Child

This category includes items that address the student.

	Low Need		Not Sure		High Need
A. Least Restrictive Environment (LRE)	1	2	3	4	5
1. The student attends an age appropriate school/class and his/her IFSP/IEP contains at least one measurable behavioral objective involving interacting with typically developing peers.					
B. Adaptive/Assistive Devices	1	2	3	4	5
1. Adaptations and assistive devices are developed/made available, and kept in good condition.					
C. Medical Information	1	2	3	4	5
1. Medical records are up-to-date, including information on medications and monitoring of any effects of medication on students.					
D. Positioning	1	2	3	4	5
1. Students are positioned to allow for maximum participation and repositioned at least every 1/2 hour with the changes communicated to the student.					

Category--Student/Child

The highest priority item/issue in this category is:

What do you think needs to be done about this issue?

IV. Family

This category includes items that address family issues.

	Low Need		Not Sure		High Need
A. Family					
1. There is active family involvement in addressing student needs and designing IFSP/IEP, and working on objectives at home.	1	2	3	4	5
2. IFSP/IEP's are developed using family input and are based on families priorities, concerns, and resources.	1	2	3	4	5
3. Communication with the child's family is consistent and confidential.	1	2	3	4	5

Category--Family

The highest priority item/issue in this category is:

What do you think needs to be done about this issue?

V. Instruction

This category includes items that address instruction issues.

	Low Need		Not Sure		High Need
A. Instructional Strategies					
1. Effective instructional techniques are utilized, procedures for fading are specified, strategies reflect natural cues/consequences, and instruction addresses acquisition, maintenance, generalization, and fluency.	1	2	3	4	5
2. Behavioral problems are viewed as instructional needs and behavior intervention is positive and unobtrusive.	1	2	3	4	5
3. Students spend the majority of time actively involved in age-appropriate activities addressed in IFSP/IEP.	1	2	3	4	5
4. Schedules reflect a variety of situations and sufficient time to meet goals.	1	2	3	4	5
5. Students have several opportunities throughout the day both scheduled and natural to make choices.	1	2	3	4	5
B. Communication					
1. Communication is taught within functional activities and routines with both family and personal priorities identified.	1	2	3	4	5
2. Behaviors are acknowledged as communication with educative approaches to behavior problem avoiding both artificial reinforcement and aversive control.	1	2	3	4	5
3. The curricula emphasize age appropriate skills and strategies with present and future utility.	1	2	3	4	5
4. Curriculum is referenced to individual, family, peers, and community and emphasis is placed on function rather than response.	1	2	3	4	5
C. Natural Routines/Settings					
1. New skills are taught and used within naturally occurring routines with instruction taking place in community settings at least twice monthly (ages 3 to 8), twice weekly (ages 13 and up), depending on age.	1	2	3	4	5

	Low Need		Not Sure		High Need
D. Autonomy/Competence					
1. There is time for independent work at individual pace while providing positive reinforcement and feedback during and after activities.	1	2	3	4	5
E. Evaluation					
1. Instructional programs are designed with team input and based on information provided from task analyses, discrepancy analyses and ecological inventories, and provide for the acquisition of data that will help make instructional decision.	1	2	3	4	5
F. IFSP/IEP					
1. IFSP/IEP's are developed that use functional assessments; reflect learner's preferences; contain acquisition, maintenance, and generalization plans; designate data collection methods, and are functional and age appropriate.	1	2	3	4	5
2. IFSP/IEP's contain goals that allow for interactions with nondisabled peers, target functional activities within naturally occurring routines, and address communication, mobility, and assistive technology needs of the child.	1	2	3	4	5

Category--Instruction

The highest priority item/issue in this category is:

What do you think needs to be done about this issue?

VI. Transition

This category includes items that address transition issues.

	Low Need		Not Sure		High Need
A. Transition					
1. Longitudinal planning is facilitated through regular contact between current and future school/agency.	1	2	3	4	5
2. Transition planning involves participation of family and next setting personnel.	1	2	3	4	5
3. IFSP/IEP contains transition goal/objectives based on next environment demands and community-based vocational training is evident for students 14 years of age and older.	1	2	3	4	5
4. Individualized transition plans are developed with the input of parents and consumers beginning at age 14 and each year thereafter.	1	2	3	4	5

Category-Transition

The highest priority item/issue in this category is:

What do you think needs to be done about this issue?

Appendix D
Blank Technical Assistance Plan

NORTH DAKOTA DEAFBLIND SERVICES PROJECT

MINOT STATE UNIVERSITY - NORTH DAKOTA CENTER
FOR PERSONS WITH DISABILITIES
500 University Avenue West; Minot, ND 58707
(701)858-3580 or 1-800-233-1737

TECHNICAL ASSISTANCE PLAN

Demographic Information

Name of Agency/parent Requesting Assistance _____ Phone _____

Address _____ City _____ State _____ Zip _____ County _____

Contact Person _____ Title _____ Date Initiated: _____

I. Total number of persons with deafblindness served by your agency (indicate number in box):

❑ Infants/Toddlers (0-2 yrs) ❑ Elementary (6-10 yrs) ❑ Transition (14-21 yrs)
❑ Preschoolers (3-5 yrs) ❑ Adolescents (10-14 yrs) ❑ Peers

II. Type of Technical Assistance Requested (check all that apply):

❑ Home consultation ❑ Information dissemination ❑ Interagency collaboration ❑ Other
❑ Materials development ❑ On-site program consultation ❑ Inservice training

In What areas are technical assistance needed in order to accomplish the projected individual, service, and systems outcomes (check all that apply):

❑ Assessment ❑ Etiologies/Medical issues ❑ Orientation & mobility ❑ Transition planning
❑ Behavior management ❑ Functional curriculum dev. ❑ Preservice preparation/ training ❑ Vision development
❑ Collaborative teaming ❑ Hearing development ❑ Vocational skills/ job development
❑ Communication development ❑ IEP/IFSP development ❑ Recreation/leisure
❑ Community based instruction ❑ Integration issues ❑ System change ❑ Other:

III. Projected Outcomes of Technical Assistance

- ❑ Team members
- ❑ Adult service provider
- ❑ Special education administrators
- ❑ Family members
- ❑ Higher education personnel
- ❑ Medical personnel
- ❑ Regional Advisory committee member
- ❑ Regular education administrators
- ❑ Regular education teaching staff
- ❑ Special education teaching staff
- ❑ Special education related services staff
- ❑ Early childhood spec./Interventionist
- ❑ Technical assistance/Training provider
- ❑ Other:
- ❑ Other:

NEED:

_____

_____

_____

Desired technical assistance schedule:

- ❑ One day
- ❑ Two or three consecutive days
- ❑ Two intensive training sessions of one or two consecutive days each
- ❑ Monthly assistance of one to three days for _____(fill in) months
- ❑ Other:_____

Projected Beginning Date:

- ❑ January
- ❑ February
- ❑ March
- ❑ April
- ❑ May
- ❑ June
- ❑ July
- ❑ August
- ❑ September
- ❑ October
- ❑ November
- ❑ December

Preferred Days:

- ❑ Monday
- ❑ Tuesday
- ❑ Wednesday
- ❑ Thursday
- ❑ Friday
- ❑ Saturday

Technical Assistance Outcome(s)	Technical Assistance Activities	Timelines	Person(s) Responsible	Evaluation and Documentation
				Level of TA: Type of Eval: Method: Activity: Results:

TA OUTCOME(S)	TA ACTIVITIES	TIMELINES	PERSON(S) RESPONSIBLE	EVALUATION PLAN
				Level of TA: **Type of Eval:** **Method:**
				Activity: **Results:**
				Level of TA: **Type of Eval:** **Method:**
				Activity: **Results:**

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ETIQUETTE for STAT ACTIVITIES
for
North Dakota Deafblind Services Project

1. Please be on time and prepared.

2. Be sure to introduce yourself and all team members to the school principal or director of the site.

3. Let the principal or director know the purpose of your visit and what time you expect to leave.

4. Be open and flexible.

5. Be careful to only observe and comment on the child the TA is for.

6. Be aware that talking about a child in front of other staff, children, and parents can be a breach of confidentiality.

7. To discuss what you have seen at the site with anyone other than project personnel is a breach of confidentiality.

8. Be careful <u>not</u> to interpret or explain Special Education rules - tell them to call DPI.

9. Be as positive as you can when making suggestions for people working at the site and with the child - build on the strengths.

10. Be courteous at all times.

11. Respect the unique identity of all parties involved in the TA activity; child, parents, teachers, therapists, and your fellow team members.

12. Sexual harassment is prohibited.

13. Smoking is prohibited in schools and agencies.

14. Promotion by consultants of any profit making endeavor is prohibited while on assignment for NDDBSP.

15. Above all, be positive, open, friendly, enthusiastic, and enjoy your assignment.